

EMERGENCY HOUSING ASSISTANCE PROGRAM
SELF EMPLOYMENT CERTIFICATION

Instructions: Please submit complete form to COVID19HousingAssist@mt.gov or mail to Montana Housing / P.O. Box 200528 / Helena, MT 59620-0528.

Date: _____

Applicant Name: _____

Address: _____

Name of Business: _____

Date Business Opened: _____

Type of Business: _____

Position / Occupation: _____

Tax Payer ID #: _____

1. Past Net Monthly Income (average 3 months prior to COVID-19) \$ _____
2. Reduction of Net Monthly Income due to COVID-19 \$ _____
3. Attach supporting bank statements

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of housing assistance.

Signature of Applicant

Date